



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E258706**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

CASE #	13-01802		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIBAL RESERVATION	
--------------------	--

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	07	24	2013	1530	31						0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 9	BLOCK NO. <input checked="" type="checkbox"/>	700
MILE POST		

DISTANCE		MILES	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	OF (REFERENCE OR CROSS STREET)	SR 204
----------	--	-------	-------------------------------------------------------------------------------------------------------------	--------------------------------	---------------

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4255013855
---------	---------------------------------------------------	--------------------------------------	------------------------------------------------------------------------------------------	----------------------------

LAST NAME	DEUPREY	FIRST NAME	MELANIE	MIDDLE INITIAL	D
-----------	----------------	------------	----------------	----------------	----------

STREET NEW ADDRESS	4704 226TH PL NE				
--------------------	-------------------------	--	--	--	--

CITY	ARLINGTON	ST	WA	ZIP	982237694
------	------------------	----	-----------	-----	------------------

CDL		RESTRICTIONS	J	ENDORSEMENTS	L
-----	--	--------------	----------	--------------	----------

DRIVER'S LICENSE #	DEUPRMD209L9	STATE	WA	SEX	F	D.O.B. MMDDYYYY	06	29	1980
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------	-----------	-------------

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
---------	--------------------------	--------	--	--------	----------	-------	----------	-------	----------	------------	--	--------------	----------	--------------------	--

LICENSE PLATE #	AAL1514	STATE	WA	VIN#	5N1ED28Y63C665399				
-----------------	----------------	-------	-----------	------	--------------------------	--	--	--	--

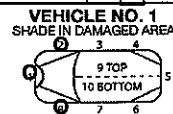
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2003	MAKE	NISS	MODEL	XTERRA	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	---------------	-------	--	-----------------------------------------------------------------------------------	----------	--	-----------------------------------------------------------------------------------

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	TITAN INSURANCE 9051829		
-------------------------------	-------------------------------------	-------------------------	--------------------------------	--	--

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
--------------------------	----------------------------------------------------------	------------	--	--------	--



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 425776981
---------	---------------------------------------------------	--------------------------------------	-------------------------------------	-----------------------------------------	------------------------------------------------------------------------------------------	---------------------------

LAST NAME	TYLER	FIRST NAME	NICOLE	MIDDLE INITIAL	G
-----------	--------------	------------	---------------	----------------	----------

STREET NEW ADDRESS	1333 134TH DR SE				
--------------------	-------------------------	--	--	--	--

CITY	SNOHOMISH	ST	WA	ZIP	982905670
------	------------------	----	-----------	-----	------------------

CDL		RESTRICTIONS	B	ENDORSEMENTS	
-----	--	--------------	----------	--------------	--

DRIVER'S LICENSE #	TYLERNG078J8	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04	28	1993
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------	-----------	-------------

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
---------	--------------------------	--------	--	--------	----------	-------	----------	-------	----------	------------	--	--------------	----------	--------------------	--

LICENSE PLATE #	B77294S	STATE	WA	VIN#	3B7KE23C9NM569977				
-----------------	----------------	-------	-----------	------	--------------------------	--	--	--	--

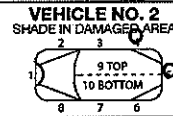
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	1992	MAKE	DODG	MODEL	D2PU	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	-------------	-------	--	-----------------------------------------------------------------------------------	----------	--	-----------------------------------------------------------------------------------

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 187665318		
-------------------------------	-------------------------------------	-------------------------	--------------------------	--	--

VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
--------------------------	---------------------------------------------------------------------	------------	--	--------	--



OFFICER'S NAME (PRINT)	JEFF LAMBIER	BADGE OR ID #	104	AGENCY	WA0311900	
------------------------	---------------------	---------------	------------	--------	------------------	--



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E258706**

CASE # **13-01802**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES										
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES										
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES										

NARRATIVE

Unit 1 was traveling southbound on SR 9 and moved into the left hand turn lane at the intersection of SR 9 and SR 204. Vehicles in that lane were stopped for the red traffic single and Unit 2 was stopped with traffic. at that intersection, in the left hand turn lane. Unit 1 collided with Unit 2, causing minor damage to the front bumper of Unit 1 and the rear bumper of Unit 2. The driver of Unit 1 thought that the turn single light was green and admitted to being at fault for the collision. neither driver was injured. No citations were issued.

End of report.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JEFF LAMBIER		07-24-13 04:44 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACED SIGNED
APPROVED BY JEFF LAMBIER 104		DATE 7/24/2013 4:47:36 PM	
BADGE OR ID # 104	ORI # WA0311900	TIME POLICE DISPATCHED 3:33 PM	TIME POLICE ARRIVED 3:44 PM

Not observed

07/24/13 16:45:00 PRINT REQUESTED BY TERMINAL SSCN03

Incident History for: #SS13016600

Case Numbers: #SS13001802

Received	07/24/13	15:29:48	BY SPCT01 SP0323
Entered	07/24/13	15:30:38	BY SPCT01 SP0323
Dispatched	07/24/13	15:33:34	BY SPDP17 SP0367
Enroute	07/24/13	15:33:34	
Onscene	07/24/13	15:44:58	
Closed	07/24/13	16:07:56	

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST
Src: 9

Loc: SR 9 NE/VERNON RD , LKS (V)

Latitude: (+) 48.002883 Longitude: (-) 122.104540

Loc Info:

Name: TYLER, NICOLE

Addr:

Phone: 4253776981

/1530	(SP0323)	ENTRY		, CC, NON INJ REAR END, BLK NISSAN XTERA VS BLU/S
				IL DODGE PU, NOW IN PKLOT OF SAFEWAY
/1530	(SP0367)	VIEWED		
/1533		DISPER	SS1935	#SS104 LAMBIER, OFFICER (JEFF)
/1541		ASSTER	SS1933	[SR 9 NE/VERNON RD , LKS]
				#SS102 PLANALP, OFFICER (DANIEL)
/1541		CLEAR	SS1933	
/1544	(SS104)	*ONSCNE	SS1935	
/1546	(SP0367)	NEWLOC	SS1935	[SAFEWAY PKLOT]
/1550	(*****)	REMINQ	SS1935	DEYPREY, MELANIE, D. 06291980..
/1550	(SP0367)	REMINQ	SS1935	NAME, 1935, DEYPREY, MELANIE, D, 06291980,,
/1551	(*****)	REMINQ	SS1935	TYLER, NICOLE, G. 04281993..
/1551	(SP0367)	REMINQ	SS1935	NAME, 1935, TYLER, NICOLE, G, 04281993,,
/1552	(*****)	REMINQ	SS1935	DEUPREY, MELANIE, D. 06291980..
/1552	(SP0367)	REMINQ	SS1935	NAME, 1935, DEUPREY, MELANIE, D, 06291980,,
/1603		ASNCAS	SS1935	#SS13001802
/1607		CLEAR	SS1935	D/H
/1607		CLOSE	SS1935	